



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

# Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

### FOR AGENCY USE ONLY §20

Date Received

27-MAR-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

884308

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

|                                                                                                  |              |               |              |                          |
|--------------------------------------------------------------------------------------------------|--------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN)<br><small>(Locate at bottom of<br/>windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G2NE52T4VM556327                                                                                | PONTIAC      | GRAND AM      | 1997         |                          |

|                                                                       |                                       |                                 |                                         |
|-----------------------------------------------------------------------|---------------------------------------|---------------------------------|-----------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size<br>(CID/CC/L) _____ | <input type="checkbox"/> Turbo          |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____              | <input type="checkbox"/> Diesel         |
|                                                                       |                                       |                                 | <input type="checkbox"/> Gas            |
|                                                                       |                                       |                                 | <input type="checkbox"/> Fuel Injection |

|                                                                       |                                                                        |                                                                                                                                      |                                                                        |                                                                                                     |                                                                                                                                          |                                                                                                                                                                                               |
|-----------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type                                                     | Antilock Brakes                                                        | Restraint System                                                                                                                     | Cruise Control                                                         | Drive Train                                                                                         | Vehicle Type                                                                                                                             | Body Style                                                                                                                                                                                    |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____                                          |
|                                                                       |                                                                        | <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel                                                           |                                                                        |                                                                                                     |                                                                                                                                          | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                               |                                                                                                                                          |                                                                                             |
|-----------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>05100000 | Part Name(s)<br>ENGINE                        | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Date(s) of Failure(s)<br>C2-JAN-2001<br>48981 | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                |
|                       | Mileage at Failure(s) _____                   |                                                                                                                                          |                                                                                             |

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

|                                                                              |                                                                             |                           |                      |                          |                                                                                           |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ENGINE WILL CUT OFF SHORTLY AFTER STARTING VEHICLE. DEALERSHIP STATED THAT IT WAS AN INTERNAL PROBLEM RELATED TO PRESSURE IN OIL PUMP. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.\*AK

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The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                                 |                                                                                                                                                               | <b>FOR AGENCY USE ONLY 920</b><br>Date Received<br>27-MAR-2001<br>Reference No.<br>864308                                                                                                                                               |                                                                                                                                                                                                                                                                          |
| OWNER INFORMATION (Type or Print)<br><div style="background-color: black; width: 400px; height: 40px; display: inline-block;"></div> 683043                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                               | Work Number<br>Home No. <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div>                                                                                                                 |                                                                                                                                                                                                                                                                          |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.<br>Signature of Owner _____ Date ____/____/____                                                                                                                                                                                                                                                                   |                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                          |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                          |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br><div style="background-color: black; width: 200px; height: 20px; display: inline-block;"></div>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               | Vehicle Make<br>PONTIAC                                                                                                                                                                                                                 | Vehicle Model<br>GRAND AM                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                               | Vehicle Year<br>1997                                                                                                                                                                                                                    | Current Odometer Reading                                                                                                                                                                                                                                                 |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Dealer's Name _____<br>City _____ State _____ Zip Code _____                                                                                                  |                                                                                                                                                                                                                                         | Engine Size (CID/CC/L) _____<br>No Cylinders _____<br><input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                                                                       |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                     | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                               | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                                                      | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Util<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle |
| Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                          |
| FAILED COMPONENT(S)/PART(S) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                          |
| Component<br>05100000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Part Name(s)<br>ENGINE<br>oil pressure 150 LBS.<br>OIL Pump cover                                                                                             |                                                                                                                                                                                                                                         | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                               | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                                                                                                             |                                                                                                                                                                                                                                                                          |
| No of Failures<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date(s) of Failure(s)<br>02-JAN-2001 21-March-01<br>Mileage at Failure(s)<br>48981<br>Vehicle Speed at Failure(s)<br>30-35 mph<br>Third time in between dates |                                                                                                                                                                                                                                         | Failed Part(s) Available?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>NHTSA Previously Contacted?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                   |
| APPLICATION INCIDENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                          |
| (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                          |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                   | Number of Persons Injured                                                                                                                                                                                                               | Number of Fatalities                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                               | Estimated Property Damage                                                                                                                                                                                                               | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                          |
| ENGINE WILL CUT OFF SHORTLY AFTER STARTING VEHICLE. DEALERSHIP STATED THAT IT WAS AN INTERNAL PROBLEM RELATED TO PRESSURE IN OIL PUMP. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK<br><div style="font-family: cursive; font-size: 1.2em;">           Engine starts right up, then when driving a few blocks it just cuts off dead. The times it was pulling in busy roads. Could have been hit in side once         </div>                                                                                                                                           |                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                          |
| CONTINUE ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                          |
| The Privacy Act of 1974 Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action. |                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                          |

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

The first Bill was stuff that was not the problem, it was too in for some thing

March 21<sup>st</sup> it happen twice the last time it had to be towed.

★ U.S. G.P.O.: 1982-625-887/80086

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

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Penalty for Private Use \$300



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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590



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PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)

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